

Moultonborough Zoning Board of Adjustment
P.O. Box 139
Moultonborough, NH 03254
(603) 476-2347

Date filed _____

(signed – ZBA)

APPLICATION FOR AN AREA VARIANCE

Name of applicant: _____

Address: _____

Owner: _____

(if same as applicant, write “same”)

Location of property: _____

(street, number, tax map & lot number)

NOTE: This application is not acceptable unless all required statements have been made. Additional information may be supplied on a separate sheet if the space provided is inadequate.

APPLICATION FOR AN AREA VARIANCE

A variance is requested from article _____ paragraph _____ of the zoning ordinance to permit _____

Facts supporting this request:

1. The proposed use would not diminish surrounding property values because:

2. Granting the variance would not be contrary to the public interest because:

3. Denial of the variance would result in unnecessary hardship to the owner because:

a. the following special conditions of the property make an area variance necessary in order to allow the development as designed _____

_____; and

b. the same benefit cannot be achieved by some other reasonably feasible method that would not impose an undue financial burden because _____

4. Granting the variance would do substantial justice because:

5. The use is not contrary to the spirit of the ordinance because:

Applicant _____ Date _____
(Signature)

**Town Of Moultonborough
Zoning Board of Adjustment**

**Application for Variance/Special Exception
Fee Schedule**

All checks should be made payable to the **Town of Moultonborough** and should be attached with the Fee Schedule to the application for a **Variance/Special Exception**.

Fee Schedule

Variance	\$ 100.00	
Special Exception	\$ 100.00	
Letters to Abutters	\$ 2.00	Each (Exclusive of Postage)

The fees listed above must be received before the board will consider an application. All abutter letters shall be received at the time of application with the form letter filled out ready for signature, postage applied and all certified mail cards and receipts prepared. Postage will be the responsibility of the applicant.

Minutes

Copies of the minutes and other public information will be made available upon receipt of **\$.50 per page** and the **required postage**.

Totals

Special Exception	\$ _____
Variance	_____
Number of Abutter Letters X \$2.00 (Not including postage)	_____
Total	\$ _____

Have all the necessary fees been paid by the applicant? **Yes** ___ **No** ___

Abutters List

Name of Applicant: _____

Property Concerned: Tax Map _____

Lot Number _____

All abutters must be notified of the scheduled hearing by certified mail. Said notices to be mailed by the Zoning Board of Adjustment at the expense of the applicant not less than 5 days prior to the scheduled hearing.

Definition of "Abutter" (RSA 672:3, 1984)

An "abutter" is any person whose property is located in New Hampshire and adjoins or is directly across the street or stream from the land under consideration by the local land use board. For purposes of receiving testimony only, and not for purposes of notification, the term "abutter" shall include any person who is able to demonstrate that his land will be directly affected by the proposal under consideration."

The following are abutters to the above property: (Attach additional sheets with page numbers as needed.)

1. Tax Map _____ Lot Number _____
OWNER/APPLICANT

Name: _____

Address: _____

2. Tax Map _____ Lot Number _____
AGENT (if applicable)

Name: _____

Address: _____

3. Tax Map _____ Lot Number _____

Name: _____

Address: _____

4. Tax Map _____ Lot Number _____

Name: _____

Address: _____

5. Tax Map _____ Lot Number _____

Name: _____

Address: _____

6. Tax Map _____ Lot Number _____

Name: _____

Address: _____

7. Tax Map _____ Lot Number _____

Name: _____

Address: _____

**MOULTONBOROUGH ZONING BOARD OF ADJUSTMENT
P.O. BOX 139
MOULTONBOROUGH, NEW HAMPSHIRE 03254
(603) 476-2347**

DATE

Certified Mail - Return Receipt Requested

Dear Abutter,

The Moultonborough Zoning Board of Adjustment will hold a Public Hearing on Leave Blank to consider an application for Name of Applicant, Tax Map Lot, (Location of property) for a

_____ Variance

_____ Special Exception To Article _____ Paragraphs _____

of the Zoning Ordinance. This Hearing will be the _____ hearing scheduled at this meeting which begins at 7:30 P.M.

Applicant proposes to _____ Fill in what you propose to do _____

This Hearing will be held at the Town Offices. You are an abutter to this land and if you wish to be heard, please either attend the Hearing or send a letter or representative.

For further information you may call the Land use Office Monday - Thursday 8:00 AM - Noon & 12:30 PM - 4:00 PM, Friday 8:00 AM - Noon, at (603) 476-2347.

Very truly yours,

Robert Stephens
Chairman

RS/blw

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Certified Mail - Return Receipt Requested

Dear Abutter,

The Moultonborough Zoning Board of Adjustment will hold a Public Hearing on _____ to consider an application for _____, Tax Map
Lot _____, _____ for a

_____ Variance

_____ Special Exception To Article _____ Paragraphs _____

of the Zoning Ordinance. This Hearing will be the _____ hearing scheduled at this meeting which begins at 7:30 P.M.

Applicant proposes to:

This Hearing will be held at the Town Offices. You are an abutter to this land and if you wish to be heard, please either attend the Hearing or send a letter or representative.

For further information you may call the Land use Office Monday - Thursday 8:00 AM - Noon & 12:30 PM - 4:00 PM, Friday 8:00 AM - Noon, at (603) 476-2347.

Very truly yours,

Robert Stephens
Chairman

RS/blw

Certified Mail Procedure

1. Address and apply appropriate fee for certified mail on one business size envelope for each abutter, with return address as:

Moultonborough Zoning Board of Adjustment
PO Box 139
Moultonborough, NH 03254.
2. Fill out abutter letter as shown in application package.
3. Fill out "Receipt for Certified Mail".
4. Fill out the Return Receipt Post Card.
5. Place under envelope flap, "Receipt for Certified Mail" and Return Receipt Post Card together and submit to the Land Use Office with your application and check for hearing.

Do Not Stuff or Seal Envelopes

Apply proper postage for current US Postal rates for First Class Mail, Certified Mail Fee and Return Receipt Fee.

Certified Return

1. Abutter's Name and Address
2. Record Article Number
(Transfer sticker number from top portion of certified mail receipt)
3. Service Type: Check box for Certified Mail
4. Address front of card "Sender" as

Moultonborough Zoning Board of Adjustment
PO Box 139
Moultonborough, NH 03254

**Moultonborough Zoning Board of Adjustment
P.O. Box 139
Moultonborough, New Hampshire 03254**

Authority for Inspection or Examination Of Land

The undersigned hereby authorizes the Town of Moultonborough's Zoning Board of Adjustment, its members, officers, agents, employees, advisors or other in their company, to enter upon the property of _____ Tax Map _____ Lot # _____.

This property is the subject of an application presently pending before the Zoning Board of Adjustment. The purpose of the inspection is to conduct an examination or gather information in connection with said application.

The source of my authority to allow access to this property is:

Sole Owner: _____

Co-Owner: _____

Other (Explain): _____

I understand and agree that such inspection or examination may take place on more than one occasion, and may be conducted by more than one person.

Notice(s) regarding this inspection may be given to me by regular mail at the following address:

Date _____

Signature _____

Moultonborough Zoning Board of Adjustment
P.O. Box 139
Moultonborough, New Hampshire 03254

ZBA CHECK LIST

1. Provide Applicant with Applicable Regulations and Rules.
2. Fill out Application Completely.
3. Fee's Paid.
4. Abutter Notices Complete.
5. Present Application to Board for Scheduling Hearing.
6. Fire Safety 101 Obtained for Buildings.
7. Any Required Local, State & Federal Licenses or Permits in Place or Applied for.
8. Site Plan Check List if Applicable.
9. All Land Plats Must be Certified Before Being Recorded at the County Registry of Deeds.

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Zoning Board of Adjustment Fees

Variance

\$100 - Application & Hearing Fee

Special Exception

\$100 - Application & Hearing Fee

Equitable Waiver of Dimensional Requirements

\$100 - Application & Hearing Fee

Use under Article VI, F

\$100 - Application & Hearing Fee

Re-Hearing

\$100 - Hearing Fee

Appeal of Administrative Decision

\$200 - Application Fee (Non-Refundable)

\$200 - Hearing Fee

\$200 - Re-Hearing Fee

Plat Registration

\$ 20 - 18 X 24

\$ 30 - 24 X 36

\$ 5 - Postage

Notification Fees

\$ 2 - Abutter Letters
(Each - Exclusive Of Postage)

***This Schedule Supersedes All Previous Fee Schedules.**

Moultonborough Planning Board And Zoning Board of Adjustment

Office Hours

Monday through Thursday 8:00 A.M. To 12:00 P.M.
12:30 P.M. To 4:00 P.M.

Friday 8:00 A.M. To 12:00 Noon

Meetings

Zoning Board

First and Third Wednesday of Each Month
7:30 P.M. At The Moultonborough Town Offices,
Unless Otherwise Specified

Planning Board

Second and Fourth Wednesday of Each Month
7:30 P.M. At The Moultonborough Town Offices,
Unless Otherwise Specified

For Information, Please Call:

Bonnie L. Whitney
Administrative Assistant
476-2347